

DISABILITY SERVICES INTAKE FORM



Student Name: _____

Student ID Number _____ Birth Date: _____ Primary Campus: _____

Address: _____

Primary Phone: _____ Alternate Phone: _____

College Email Address: _____ Disability Services E-Newsletter? Yes No

What is your primary disability(ies)? _____

Have you ever received disability accommodations in the past? Yes No

If "Yes," please describe where: _____

If "Yes," please describe the accommodations you received: _____

What accommodations do you believe would be helpful to you in your studies at Midlands Technical College?

Release of Information

I authorize the Counseling Services Staff to receive information and release information to the following persons:

- Faculty/Staff (The staff of Counseling Services will only discuss my accommodations and/or disability-related challenges, and will not discuss the nature of my disability with faculty/staff without prior consent.)
- Other: _____
- Qualified Professional: _____

My request for accommodations will be complete and reviewed only after submission of the Disability Services Intake Form, documentation, and completion of initial interview. I will be notified of the decision regarding accommodations in writing. I understand that I am able to complete the Counseling Services Appeal Process if I am in disagreement with a decision.

Student Signature

Date

Counselor Signature

Date

Counseling Services adheres to strict standards of confidentiality and is compliant with the Health Insurance Portability and Accountability Act [HIPAA] of 1996 and the Family Educational Rights and Privacy Act [FERPA]; facsimile transmittals and records are stored in a secure location and reviewed only by authorized personnel.

Counseling & Career Services Staff Only:

Intake Form Received Date: _____ Received by: _____ Review Date: _____ Reviewed by: _____

Documentation Received Date: _____ Received by: _____ Review Date: _____ Reviewed by: _____

Initial Interview Date: _____ Completed by: _____ Accommodations Approved: _____ Denied: _____